

which he saw looked like a blood clot. On microscopic examination an enormous quantity of syncytial tissue was found. The gross appearance of the tissue resembled that of a blood-clot. The tumor was undoubtedly a syncytioma malignum.

GYNECOLOGY

UNDER THE CHARGE OF

JOHN G. CLARK, M.D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA,

AND

FRANK B. BLOCK, M.D.,

INSTRUCTOR IN GYNECOLOGY, MEDICAL SCHOOL, UNIVERSITY OF PENNSYLVANIA,
PHILADELPHIA.

Small Radium Dosage in Cancer.—During the past two years SAMUEL (*Am. Jour. Roentgenology*, 1920, vii, 42) has limited his exposures to radium for malignancy of the uterus, to twelve hours, not using over 50 milligrams of the element, the dosage being 600 mg. hours for each treatment. His first year of radiotherapy was very disastrous during which time he used 150 mg. of the element for twelve hours and in a few cases for a longer time. Seeing the marked benefit from the smaller dosage, he thought larger doses and heavier screening would accomplish better results, but after seeing quite a number of fatalities which he felt sure were due to overdosage, he now makes the plea for smaller doses and at least a ten-day interval between exposures, filtering more at each exposure and stopping for four weeks at the end of the third exposure. He has been able to accomplish just as good results with this method as he did with the larger dosage, and with more comfort to the patient. The patients are not toxic after the smaller dosage, the bladder symptoms are eliminated and no proctitis is seen, all of which make the patient more miserable than does the growth. He generally gives three cycles of three treatments each with four weeks' rest after each cycle. At the end of three months, the treatments are resumed.

Trichomonas Vaginalis Vaginitis.—A type of vaginitis due to the trichomonas vaginalis, an infusorial animalcule, has been described by DE LEE (*Illinois Med. Jour.*, 1920, xxxvii, 186), which is characterized clinically by obstinate vaginal discharge, pruritus, sleeplessness, burning and general weakness. The vulva and vagina are reddened and often rough like a nutmeg grater and sometimes minute hemorrhages are seen in the vaginal epithelium. The cervix is sometimes affected. The discharge is profuse, mucopurulent, thin, bubbly, acrid and has a disagreeable odor. Its irritating character is shown by the erosion of the skin, and especially in fat women there is an obstinate foul smelling intertrigo. Sometimes there are pointed condylomata similar to those

which are frequently present in cases of gonorrheal vaginitis. The diagnosis is easy. Even the clinical appearance of the vagina will suffice, but it is the work of but a moment to put some of the fresh discharge under the microscope and examine it, unstained, before it dries. The animalculæ are at once discovered by their active flagellation. The treatment that De Lee recommends is also very easy but it must be thoroughly done, preferably by the physician himself. The patient should be put to bed for two days. On the morning of the first day the vagina and vulva are scrubbed vigorously with tincture of green soap and water using a rough cloth and going most thoroughly into every fold and crevice. The soap is then rinsed out with sterile distilled water. This process is repeated three times and then a $\frac{1}{1000}$ bichlorid douche is given with friction, every fold and crevice being washed. This is then washed out with sterile distilled water and the patient rests in bed. On the next morning the vagina is again washed out with green soap and water after which it is packed with cotton soaked with glycerine (4 parts) and sodium bicarbonate (1 part). The folds and crevices of the vagina are filled with the cotton and the vulva is smeared with the mixture. Next morning the tampon is removed and a sterile water douche is given. The following morning the secretion is examined under the microscope for trichomonas, but they are usually gone by this time. Only morning and afternoon douches of 2 per cent. soda solution are then given, but if the animalcules should return, the treatment should be repeated.

Rational Treatment of Uterine Cancer.—After reviewing the statistical side of cancer of the uterus, both from the standpoint of operability and of curability, LITTLE (*Minnesota Med.*, 1920, iii, 159) concludes that the rational treatment of carcinoma of the body of the uterus consists of a panhysterectomy followed by prophylactic radiation with radium. In cervical carcinoma in the operable stage, either panhysterectomy followed by radiation or a thorough radiation without operation should be performed. From his present experience and observation, he is inclined to the belief that as good or better results can be obtained from radiation alone, with practically no danger or pain to the patient, radium penetrating beyond where the knife can be used. In inoperable cases, radium is much superior to any other treatment. Where there are large fungating masses producing toxemia, they should be removed with the cautery followed by radiation. He has abandoned the Percy cautery for radium and he does not advocate the Wertheim operation because of its high primary mortality, its serious sequelæ, such as vesical, ureteral and rectal fistulæ, and because there are too few cures to compensate the difficulties and dangers encountered.

Pulmonary Infarction Following Gynecological Operations.—Several consecutive deaths from pulmonary embolism in the Gynecological Department of the Johns Hopkins Hospital aroused the interest of HAMPTON and WHARTON (*Bull. Johns Hopkins Hosp.*, 1920, xxxi, 95). They had been engaged in compiling their statistics but a short while when they made the observation that, in the case of many patients with phlebitis who later developed pulmonary complications, a diagnosis of pleurisy or pneumonia had been made without any reference to the